Provider Profile
Vaccines for Children Program

1. Today's Date: _ _ / _ _ / _ _ _ _ (M M D D Y Y Y Y) 2. VFC PIN Number: _____

All state- or grantee-approved public and private health care providers participating in the Vaccines for Children (VFC) program must complete this form. This document provides shipping information and helps the state determine the amount of vaccine to be supplied through the VFC program. This form may also be used to compare estimated vaccine needs with actual vaccine supply. The state health department must keep this record on file with the "Provider Enrollment" form. The Provider Profile form must be updated annually or more frequently if 1) the number of children being served changes, or 2) the status of the facility changes. One provider may complete the form for the entire practice.

3. Provider's Name: _____

4. Clinic Name: _____

5. Vaccine Delivery Address: _____
Street (No P.O. Boxes)

_____ _____ _____
City State Zip Code

6. Telephone Number ( ) _____ 7. Fax Number: ( ) _____

8. E-mail: _____

9. Type of Facility:

□ A. Public Health Department. □ B. Public Hospital.
□ C. Private Practice (Individual or Group). □ D. Private Hospital.
□ E. Federally Qualified Health Center (FQHC). □ F. Rural Health Center (RHC).
□ G. Other Public Facility _____. (Specify) □ H. Other Private Facility _____ (Specify)

Provider Population:

Part A. For the 12 mo. period ending _ _ / _ _ / _ _ _ _

For the 12 month period, report the number of children who received vaccinations at your health facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made

	< 1 Year Old	1-6 Years	7-18 Years	Total
Total children need vaccine				

Part B. Of the total number for each age group entered above, how many children were VFC eligible, by age category.

	< 1 Year Old	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian/Alaska Native				
Underinsured*				
Total VFC eligible children				

***To be VFC eligible, Underinsured children must be vaccinated through a FQHC or RHC or LHD's (approved deputized providers).**

Part C. Of the total number for each age group entered in Part A, how many children are expected to be WVCHIP eligible?

	< 1 Year Old	1-6 Years	7-18 years	Total
Enrolled in WVCHIP				

Type of data used to determine profile:

□ A. Benchmarking □ B. Medicaid Claims Data □ C. Dose Administered □ D. Provider Encounter Data
□ E. Registry □ F. Prior Ordering Data □ G. Vaccine Replacement Data □ H. Other_____ (Specify)